



# TRANSMITTAL FORM

Attorney Docket No.  
RAL920000100US1  
1945P

In re the application **Clark D. JEFFRIES, et al.**

Confirmation No: **1702**

Serial No: **09/753,965**

Group Art Unit: **2661**

Filed: **January 3, 2001**

Examiner: **Kading, Joshua A.**

For: **Method and System for Providing An Optimal Path Choice For Differentiated Services**

<b>ENCLOSURES (check all that apply)</b>					
<input checked="" type="checkbox"/>	Amendment/Reply	<input checked="" type="checkbox"/>	Drawings – Annotated Sheet and Replacement Sheet for Figure 2	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input checked="" type="checkbox"/>	Form 1449	<input type="checkbox"/>	Amended Figure 2	<input type="checkbox"/>	Status Letter
<input checked="" type="checkbox"/>	2 Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	<b>RECEIVED</b> SEP 16 2004 Technology Center 2600	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from _____ to _____.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

<b>CLAIMS</b>					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	14	20	0	\$18.00	\$ 0.00
Independent Claims	3	3	0	\$86.00	\$ 0.00
					Total Fees \$ 0.00

#### METHOD OF PAYMENT

- Check no. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ is enclosed for payment of fees.
- Charge \$ \_\_\_\_\_ to Deposit Account No. \_\_\_\_\_ (Account Holder Name) for payment of fees.
- Charge any fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation)

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	September 9, 2004

#### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 9, 2004

Type or printed name	Jackie Tanda
Signature	